FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Etnics and Campaign

Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees 2014 JAN 14 PM 1: 16 for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Tatues made be med elegationizary.	Reset Form			
COMMITTEE NAME (Must be same as on Statement of Organization)]		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board	or Other Political	(Re	ORM OR-2 ev. 12/2009) Office Use On	DISCLOSURE REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political 11) Local Ballot Issue	Subdivision PAC (
CANDIDATE COMMITTEES ONLY: Candidate Warne Office Sought, Political Party (republ District (if Sena	ican	Log Sca Cor	ged In inned mputer	
County Supervisor 4				
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code so candidate's committee, and the chairperson, for any other type of committee, is the individual to the chairperson of the chairperson of the committee of the chairperson	dual responsible fo			
1 10 2 211				
I AM FILING A 1-19-2014 REPORT FOR	_		LECTION YE	AR.
(report date)	Indicate by #	2		
CHECK IF AMENDMENT TO REPORT DATED	Lo	cal Comm	nittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach Notice of Dissolution Form D (You must continue to file reports until a DR-3 is filed.)	wh	ounty & Lo nich Election	on is held	, enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total of all funds held be committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)	end	\$	33	31.17
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-k	ind below)			0
Schedule F: Loans Received total (Attach Schedule F)	***************************************			\bigcirc
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	······			0
(Schedule H applies to Candidates' Committees Only)	UB-TOTAL	\$	_33	71.18
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			_	10 -
Schedule B: Expenditures total (Attach Schedule B) (**also see debts an	d loans below)		0	20.—
Schedule F: Loan Repayments total (Attach Schedule F)	***************************************			0
CASH ON HAND at the end of this reporting period (if final report balance must be	zero)	\$	31	1.17
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$)
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$		<u> </u>
			~ F	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	*************************************	\$	2	000
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?)		\$	YES X	NO NO
The state of the s		\$	YES X	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

FOR INSTRUCTIONS, SEE BACK OF FORM

ETHICS & CAMPAIGN DISCLOSURE BOARD.

Reset Form

SCHEDULE B EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

MONETARY EXPENDITURES (Rev. 07/03)

CHECK THIS BOX IF AMENDING FORM

COMMITTEE	NAME (Must be s	ame as on Statement of Organization)			
HOI	twe DD	ER to Duper	VISOr		
DATE EXPENDED (MM/DD/YR) 8-14-13	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURF (DESCRIBE TF	POSE RANSACTION)	AMOUNT EXPENDED
8-14-13	ID# CK# 546	State of IOWA	late re	port pmt.	s20-
3 112	ID# CK#				
	ID# CK#		(4)		
	ID# CK#				
				SUB-TOTAL	\$ 20
			TOTAL (if last pa	ge of this schedule)	\$ 20

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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	E BACK OF FORM	RESET	CHEDULE	
MMITTEE NAME (Must	be same as on Statement of Organization)		F LOANS	
Kohwi	CVK	Sor	Rev. 02/08) RECEIV & REPA	
TE: This schedule repo	orts money loaned to the committee which is deposited in t		CHECK THIS BOX	
	ROM LAST REPORTING PERIOD \$ 250	AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER	ANIENDING FORM	
	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is it	involved. Include loans from candidat	e's personal funds.)	
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	
(MM/DD/YR)	, , , , , , , , , , , , , , , , , , , ,			
			\$	
		120		
AND PERSONAL PROPERTY.			B	
		TOTAL (PART I)	s_6_	
	OAN REPAYMENTS MADE THIS REPORTING PERIOR IN MUST be reported on Schedule E – In-kind Contributions	D	s_ <u>G</u>	
	_OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOI n must be reported on Schedule E – In-kind Contributions	D	s	
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D) RELATIONSHIP TO	S AMOUNT REPAID	
(Loans forgiver	n must be reported on Schedule E – In-kind Contributions	D :.)		
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D) RELATIONSHIP TO	AMOUNT REPAID	
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(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D) RELATIONSHIP TO	AMOUNT REPAID	
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D) RELATIONSHIP TO	AMOUNT REPAID	
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID	
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) H REPAYMENTS (PART II) OTAL LOANS FORGIVEN	AMOUNT REPAID	
DATE PAID (MM/DD/YR) Disclosure law requires	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CAS:	RELATIONSHIP TO CANDIDATE* (If Applicable) H REPAYMENTS (PART II) OTAL LOANS FORGIVEN END OF REPORT PERIOD relative	AMOUNT REPAID	